	12-01-04	PCT
•	DT07 R	ec'd PCT/PTO 3 0 NOV 2004
	PATENT AND TRADEMARK OFFICE	ATTORNEY 'S DOCKET NUMBER
TRANSMITTAL LETTER TO	2843	
DESIGNATED/ELECTED	U.S. APPLICATION NO. (If known, see 37 CFR 1.5	
CONCERNING A FILING U	10/51643/	
	TERNATIONAL FILING DATE	PRIORITY DATE CLAIMED
	April 2003	19 June 2002
THE OF INVENTION  METHOD AND APPARTUS FOR ANASTO	DMOSIS INCLUDING ANNULAR JO	DINING MEMBER
PLICANT(S) FOR DO/EO/US		
Scott Manzo Applicant herewith submits to the United States D	esignated/Elected Office (DO/EO/US)	the following items and other information:
1. This is a FIRST submission of items conc		
2. This is a SECOND or SUBSEQUENT su		under 35 II S.C. 371
3. This is an express request to begin nationa		
items (5), (6), (9) and (21) indicated below	W.	71(1)). The submission must include
4. The US has been elected (Article 31).	E1-1 (26 H.C.C. 271(-)/2))	
5. A copy of the International Application as  a. is attached hereto (required only	if not communicated by the Internation	nal Bureau)
b. has been communicated by the I		iai sureau).
=	n was filed in the United States Receivi	ng Office (RO/US).
6. An English language translation of the Inte	ernational Application as filed (35 U.S.	C. 371(c)(2)).
a. 🔲 is attached hereto.		
b. has been previously submitted u		(25 H 5 C 271(-)/2))
7. Amendments to the claims of the Internation	onal Application under PCT Article 19 by if not communicated by the Internation	
<ul><li>a. are attached hereto (required onle</li><li>b. have been communicated by the</li></ul>		onar Burcau).
<u>=</u>	ne time limit for making such amendme	ents has NOT expired
d. have not been made, nowever, if		ones has NOT expired.
8. An English language translation of the am		icle 19 (35 II S.C. 371 (c)(3))
		(35 0.5.C. 371 (c)(3)).
9. An oath or declaration of the inventor(s) (	.*	Consideration Deposits and DCT
10. An English language translation of the ann Article 36 (35 U.S.C. 371(c)(5)).	nexes of the international Preliminary E	examination Report under PC1
Items 11 to 20 below concern document(s) or	r information included:	
11. An Information Disclosure Statement un		
12. An assignment document for recording.	A separate cover sheet in compliance	with 37 CFR 3.28 and 3.31 is included.
13. A preliminary amendment.		
14. An Application Data Sheet under 37 CF	R 1.76.	
15. A substitute specification.		
16. A power of attorney and/or change of a	ddress letter	
		13 tor 2 and 37 CEP 1 821 - 1 825
	-	
18. A second copy of the published internati		
19. A second copy of the English language t	translation of the international applicati	on under 35 U.S.C. 154(d)(4).
20. Other items or information:	0.000	
Recordation	on Cover Sheet; Certificate of Expre	ss mailing
		;

DT09 Rec'd PCT/PTO 3 0 NOV 2007

U.S. APPLICATION SO (if Sio	5161	437 🖺	NTERNATIONAL APPLICATION NO. PCT/US03/11661		:	ATTORNEY'S DOC	KET NUMBER
21. The following	ing fees are		011000		CAl		PTO USE ONLY
BASIC NATIONAL	L FEE (37 C	CFR 1.492 (a)	• , • , , ,				
nor international se	earch fee (37	7 CFR 1.4450	ion fee (37 CFR 1.482) (a)(2)) paid to USPTO ed by the EPO or JPO	\$1080.00			
International prelim	ninary exam	nination fee (3	37 CFR 1.482) not paid to epared by the EPO or JPO				
International prelin but international se	ninary exam arch fee (37	ination fee (3) CFR 1.445(	37 CFR 1.482) not paid to (a)(2)) paid to USPTO	USPTO \$770.00			
but all claims did n	ot satisfy pr	rovisions of P	37 CFR 1.482) paid to US PCT Article 33(1)-(4)	\$730.00			
and all claims satist	fied provision	ons of PCT A	37 CFR 1.482) paid to US Article 33(1)-(4)	\$100.00	\$ 1,0	080.00	
Surcharge of \$130.00 from the earliest clai	0 for furnish med priorit	hing the oath y date (37 CF	or declaration later than 3 FR 1.492(e)).	30 months	\$		
CLAIMS	NUMBE	R FILED	NUMBER EXTRA	RATE	\$		
Total claims	27	- 20 =	7	x \$18.00		26.00	
Independent claims	3	-3 =	0	x \$86.00	\$ 0.	00	
MULTIPLE DEPEN			· · · · · · · · · · · · · · · · · · ·	+ \$290.00	\$		
			OF ABOVE CALCU		\$ 12	26.00	
Applicant claim are reduced by		ty status. See	e 37 CFR 1.27. The fees i		\$		
2 501				UBTOTAL =	\$ 1,	,206.00	
Processing fee of \$13 from the earliest claim	30.00 for furmed priority	rnishing the I y date (37 CF			\$		
			TOTAL NATIO		\$ 1,2	206.00	ļ
Fee for recording the accompanied by an a	enclosed as	ssignment (3' cover sheet ('	7 CFR 1.21(h)). The assignment of the control of th	00 per property +		0.00	
	<del> </del>		TOTAL FEES E	NCLOSED =		246.00	
						unt to be efunded:	5
						charged:	\$ 1,246.00
a. A check in the amount of \$ to cover the above fees is enclosed.  b. Please charge my Deposit Account No. 21-0550 in the amount of \$ _1,120.00 to cover the above fees. A duplicate copy of this sheet is enclosed.							
c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 21-U55U . A duplicate copy of this sheet is enclosed.							
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
			under 37 CFR 1.495 has te the application to pend		tion to	revive (37 CF	'R 1.137 (a)
SEND ALL CORRESPO	)NDENCE TO	):	(	SIGNATUR	De Je		
Kimberly V. Perry	/			Kimberly		erry	
Patent Counsel	district of				· ·		
U.S. Surgical, a d TYCO HEALTHC		IJP LP		NAME 43,612	,		
150 Glover Avenu	ue	• •					<del></del>
Norwalk, CT 0685	56			REGISTRA	TION I	NUMBER	
l .							



10/516437

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE	IRA	NSMI'	TTAL
	or F	Y 2004	4

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(\$)	7	,246	UU.

espond to a collection of fine	innation unless it displays a valid OMB control number.			
Complete if Known				
Applic Number	To Be Assigned			
Filing Date	Concurrently Herewith			
First Named Inventor	Scott Manzo			
Examiner Name	Unknown			
Art Unit	Unknown			
Attorney Docket No.	2843			

Attorney Docket No.   2043						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large En					
Deposit 04.0550			Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number 21-0550	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account U.S. Surgical	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Name The Director is authorized to: (check all that apply)	1053 1	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812 2,	,520	1812	2,520	For filing a request for ex parte reexamination	ļ
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805 1,	840*	1805	1 840*	Requesting publication of SIR after	
to the above-identified deposit account.	1,000 1,	,5,5	1000	1,040	Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	<del></del>
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Paid Fee Paid Fee Paid	1254 1,	,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 1080.00	1255 2,	,010	2255	1,005	Extension for reply within fifth month	<del>                                     </del>
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	$\vdash$
1005 160 2005 80 Provisional filing fee	1451 1,	,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 1,080.00	1452	110	2452	55	Petition to revive - unavoidable	
		,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,	,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid  Total Claims 27 -20** = 7 X 18.00 = 126.00	1502	480	2502	240	Design issue fee	
Independent		640	2503		Plant issue fee	
Multiple Dependent   1   -3** =   0   X   86.00   = 0.00	1460	130	1460	130	Petitions to the Commissioner	
230.00	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity   Fee Fee   Fee Fee Fee Fee Fee Fee Fee	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40.00
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20		900	1802	900	, ,	
and over original patent	1002	300	1002	500	of a design application	
SUBTOTAL (2) (\$) 126.00	Other fe	e (spe	ecify) _			
**or number previously paid, if greater; For Reissues, see above	*Reduce	ed by	Basic F	Filing F	ee Paid SUBTOTAL (3) (\$) 40.00	)

SUBMITTED BY (Complete (if applicable))						
Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent)	43,612	Telephone	203-845-4562	
Signature	Sallha			Date	11/29/04	

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EJ 853409615 US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VX 22313-1450.

Dated:

Vanessa M. Rosado

Docket: 2843

10/516437

## IN THE WITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Scott Manzo

Examiner:

To Be Assigned

Group Art Unit: To Be Assigned

Serial No:

To Be Assigned

Filed: Concurrently Herewith

For:

METHOD AND APPARATUS FOR ANASTOMOSIS INCLUDING ANNULAR JOINING MEMBER

## **CERTIFICATE OF EXPRESS MAILING**

"Express Mail" Mailing Label No.: EJ 853409615 US Date of Deposit: NO. 30, 2004

I hereby certify that the following:

[x] This Certificate of Express Mailing

[x] Transmittal Letter to the U.S. Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 USC 371

[x] Fee Transmittal

[x] Executed Patent Assignment for Recording

[x] Recordation Cover Sheet

[x] A patent application consisting of <u>19</u> pages of abstract, specification and claims

[x]  $\underline{\underline{5}}$  sheets of [x] formal [] informal drawings

[x] Executed Declaration and Power of Attorney

[x] Preliminary Amendment

[x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.

/anessa M. Rosado

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172